CALIFORNIA DEPARTMENT OF
Mental Health

Information Technology
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County Services

County Services supports, enhances, and develops automated systems to facilitate oversight and program decisions for the 58 counties providing services to mental health consumers. The systems also perform billing, payment, and report processing for Medi-Cal services and federal reporting requirements. The unit's primary customers are the System of Care staff at Department of Mental Health (DMH) Headquarters and the county program and technical staff. In addition to DMH systems support, the unit develops county-level applications and file extractions, responds to technical questions, and fosters DMH and county program and technical relationships.

County Services developed a decision support system that includes data from all related county and state systems to provide management reporting on access, cost, and outcomes of mental health services across the entire continuum of mental health care. The unit is using the newest Internet technologies to securely provide confidential mental health information to all its business partners.

The county technical staff are viewed as both customers and suppliers of these systems. All system construction and enhancements are directed by the voice of county technical staff, providers, and the county-contracted vendors. This collaborative approach fosters greater county acceptance and improved county reporting. The following table and the diagrams describes the major county systems.

SYSTEM	SYSTEM DESCRIPTION
Alcohol and Drug Programs (ADP)	DMH and ADP are working collaboratively to use a common Internet portal (the ITWS) for secure data transfers to reduce state development and support costs and simplify the county to state electronic interface and data access authorization processes. The ADP systems DMH and ADP are supporting include: • SD/MC - EOB Availability: ITWS interface that creates SD/MC EOB • EOB Application: Application to analyze EOB and correct errors • eECF : ITWS interface that accepts the ECF files and transfer them to DHS SDMC processing • SD/MC HIPAA Claims: ITWS interface that accepts the HIPAA format files and transfer them to a HIPAA translator • SD/MC Proprietary Claims: ITWS interface that accepts the Proprietary format files and transfer them to ADP server • CADDS: ITWS interface that accepts the CADDS files and transfer them to ADP server • CalOMS: In the CalOMS project, the counties and direct providers will be required to collect AOD client admission, discharge and follow-up data and upload the data files to ADP's CalOMS system that will be housed at the Health and Human Services Data Center (HHSDC). An ITWS interface will accepts the CADDS files and transfer them to ADP server as well as return reports. ***Project Lead:*** ADP ***Project Resources:*** Sesha Kavuri, Rafael Estrada

SYSTEM	SYSTEM DESCRIPTION
Aid Code Update Process	Many DMH systems like IPC and DCS rely on accurate and timely Aid Code data currently provided on an ad-hoc basis from the DHS. This project will analyze the current methods for updating aid code data and implement more automated solutions for publishing data to the DMH systems. This effort will also report aid code information to the counties on an automated basis to ensure all county systems are receiving the most accurate and up to date aid code information. This project will create a centralized DMH database of the most current aid code information while giving DMH applications and counties the ability to view this data in real time. ***Project Lead:*** Patricia Preciado
Client And Service Information System (CSI)	The CSI system collects, edits, and reports on client demographic and service encounter information on the entire California public mental health population of approximately 650,000 people receiving 7.5 million services per year. This system works via a web browser to provide data entry and correction screens, processes batch files and returns errors with error identity, and passes data to and from the counties via the Information Technology Web Services (ITWS). The CSI data has been integrated with other data sources to facilitate decision support. ***Project Lead:*** Wade Malanchuk ***Project Resources:*** Rafael Estrada, Steve Kirchner
County Financial Reporting System (CFRS)	This system provides DMH County Financial Program Support section with a system to process Local Mental Health Program Cost Reports showing SD/MC, realignment, and other cost revenues by legal entity and mode of service; and enable the program to have the capability to provide several data analysis reports showing summary and aggregate information. SD/MC and realignment auditors, the State legislature, and local, state, and national interest groups use these reports. ***Project Lead:*** Bhavdeep Sachdev ***Project Resource:*** Patricia Preciado
Conlan Project	The scope of this project will be to provide DMH users with a system to assist with the automation of the claims processing resulting from the Conlan lawsuit. The main functions of the system will include: data entry, validation of claims, claims status, claimant notification, and exporting of payment data into CalStars. The system will automate as many components of the business process as possible given the aggressive timeframe for implementation ▪ Conlan claims will be received via paper and key entered into system. ▪ Inpatient Consolidation Claims (IPC) will be handled by EDS and will not be part of the scope of the proposed system. ▪ The system will use current rates and those rates will be provided in

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	electronic format to system.
	▪ The system will be able to check for prior payment in SD/MC with the information key entered into the system.
	▪ SD/MC approved claims will be considered paid for purposes of Conlan claims.
	▪ The system will be used by internal DMH users only, residing on internal DMH network.
	▪ Integration with CalStars can leverage existing systems that already upload data into CalStars.
	▪ The proposed system will use the department's existing hardware/software infrastructure; no additional hardware or software will need to be procured for the Conlan system.
	▪ Automation of county correspondence will be part of a subsequent development effort.
	▪ The DMH process for notice of fair hearing is considered outside the scope of the Conlan System with the exception of recording the outcome of the fair hearing process.
	Project Lead: Rafael Estrada
	Project Resource: Madhav Tadkapalli
Decision Support System (DSS)	The Decision Support System (DSS) includes data from all related county and state systems to provide management reporting on access, cost, and outcomes of mental health services across the entire continuum of mental health care. The DSS supports and summarizes millions of claim, encounter, and eligibility records equaling about three quarters of a trillion bytes of information. There is a continual effort to reduce mainframe cost by storing data on the network servers rather than the mainframe. Server-based decision support also makes the data readily available to departmental staff through common office tools (Excel, Access) and statistical products (SPSS, SAS). ***Project Lead:*** Rafael Estrada ***Project Resource:*** Balbir Singh

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Disallow Claims System (DCS)	The DCS system allows counties to identify disallowed claims, thereby repaying DMH for any appropriate funds as well as eliminating those identified claims from future audit samples. This system provides the counties with the ability to: ▪ Disallow invalid approved claims via a State developed online system ▪ Create online reporting interface to allow meaningful reports to be generated for all disallows entered into DCS. ▪ Develop online help features to assist new DCS users. ▪ Create online training materials for county staff ▪ Develop system integration with approved claims dataset sent to SDAS to ensure disallowed claims are excluded from audit samples. ***Project Lead:*** Rafael Estrada ***Project Resources:*** Harjeet Singh, Sesha Kavuri
Explanation Of Balance (EOB)	An application to view the SD/MC EOB files, which contain detailed adjudicated claims information, was developed and is widely used by numerous counties. Staff are currently developing an electronic correction process for the counties. Currently, counties mark corrections on extremely voluminous reports and send them to the Department of Health Services, which, in turn, key-enters the data into the system. In addition to the excessive staff time used to process this paper, there is considerable time delay using the paper processing over the proposed electronic process. Another request from the counties is for an application to produce several summary reports from their EOB files that contain detailed adjudicated claims information. ***County Project Lead:*** Mel Snow ***Project Lead:*** Robert George ***Project Resource:*** Harjeet Singh
Information Technology Web Services (ITWS)	This system provides the counties and their vendors with the means to securely pass data files for SD/MC, MEDS, POQI, CSI, etc. via the Internet to DMH as well as receive them from DMH. The ITWS has decreased overall system processing time by several weeks, reduced errors, increased system functionality, and simplified county processing. ***Project Lead:*** Sesha Kavuri ***Project Resource:*** Munny Chitneni

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In-Patient Consolidation *(IPC)*	This system allows counties to view and report the inpatient claims data files provided by the fiscal intermediary (EDS) under Managed Care Phase I. Counties use this information to verify realignment offsets by DMH and reconcile paid claims with their associated TARs. DMH Managed Care and Accounting use this system for resolving county inpatient claim issues and to calculate the realignment offset. ***Project Lead:*** Harjeet Singh ***Project Resources:*** Rafael Estrada, Wade Malanchuk
Medi-Cal Eligibility Data System *(MEDS / MMEF)*	Provides county mental health plans with their Medi-Cal eligibility data files to conduct analysis of their risk under capitation or block grant contracts; plan allocation of their resources; and, identify clients who are eligible for Medi-Cal and identify their third party insurance coverage, if any. Currently, the county and state staff are analyzing how to perform real-time queries of the MEDS information from their county-based integrated systems. ***County Project Lead:*** Bill Ullom ***Project Lead:*** Rafael Estrada ***Project Resource:*** Bhavdeep Sachdev
MHSA Sub Accounts	The purpose of Mental Health Services Act (MHSA) Sub Account is to provide, Community Services and Supports (CSS) component is to inform cities, counties and other stakeholders of the amount of funding dedicated to the city or county, or regional or statewide program for the CSS component of the MHSA, including the amount of funds identified as a prudent reserve for each city and county in case of reduced revenues in future fiscal years. ***Project Lead:*** Patricia Preciado ***Project Resource:*** Bhavdeep Sachdev, Ramesh Kodur
Provider System *(PRV)*	DMH is building an on-line application for inquiry and update of provider and legal entity data, including Medi-Cal certification information; for furnishing provider validation information to the CSI system; and, for generating reports and files required by external entities such as EDS, DHS and all county mental health plans. ***Project Lead:*** Robert George ***Project Resource:*** Munny Chitneni, Harjeet Singh
Provider System Phase II: NPI Remediation	The business objectives for National Provider Identifier (NPI) are: 1. Collect provider NPIs from the counties 2. Accept county 837 Medi-Cal claim transactions that contain NPIs instead of DMH Provider Numbers 3. Translate the NPI of the Service Facility Location on an 837 into a DMH

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	Provider Number on the proprietary claim for the SD/MC Claim System
	The technical objectives that support these business objectives are:
	1. Work with the 58 counties to collect and validate their NPIs
	2. Provide a web-based graphical user interface by which counties can enter the NPIs of their providers.
	3. Accept claims with NPIs from counties in batch files and/or on paper.
	4. Validate that the NPI information collected from the counties is accurate and consistent; particularly for providers serving more than one county.
	5. Modify the DMH Translator to translate claims with NPIs for Contract Providers and Fee for Service Providers into DMH Provider Numbers
	6. Return any claim file that contain invalid NPIs to the originating county
	7. Submit the proprietary claims to the SD/MC Claim System for adjudication
	8. Modify the DMH Medi-Cal Certification Process to identify providers by NPI
	9. Modify the DMH Provider and Legal Entity Update Processes to include NPI
	10. Anticipate Provider/NPI changes required by SD/MC Phase II.
	Project Lead: Robert George
	Project Resource: Robert George
Provider System Phase III: Improve Communications with Counties	This project will follow the NPI Remediation and the business objects are:
	1. Improve the quality of the communication of Legal Entity and Provider data between the counties and DMH
	2. Improve the quality of the communication of Medi-Cal Certification information between the counties and DMH
	The technical objectives that support these business objectives are:
	1. Develop a work-flow process by which counties can communicate Legal Entity and Provider updates to DMH Statistics and Data Analysis via ITWS
	2. Develop a work-flow process by which counties can communicate Medi-Cal Certification updates to DMH Medi-Cal Oversight via ITWS
	Project Lead: Robert George
	Project Resource: Robert George
Short-Doyle / Medi-Cal System (SD/MC)	A claim in the DMH program is a request for the reimbursement of costs for services provided to Medi-Cal eligible clients. DMH receives Medi-Cal claims from County Mental Health Plans in electronic files via a secure Web server. In processing these claims, DMH performs initial pre-edits on format and content, and then submits batched claims to the DHS Information Technology Services Division (DHS/ITSD), which maintains and operates the automated application that processes SD/MC claims (the SD/MC system). The SD/MC system processes claims to determine whether or not the County Mental

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	Health Plan should receive reimbursement for claimed amounts. The system verifies service provider eligibility and recipient eligibility, and performs various edits and audits specific to the DMH program. Claims processed in the SD/MC system may be denied, suspended for correction, or approved for payment. Once the claims are processed, DHS/ITSD delivers an electronic Explanation of Balances (EOB) file to DMH. EOB data is used by DMH to report claims disposition to County Mental Health Plans and to schedule payments through the State Controller's Office (SCO). The SD/MC system is a mainframe COBOL application comprised of dozens of batch programs and reports, and processes approximately one million claims per month, with approximately $995 million in approved claim reimbursements paid annually. Developed in 1982, the system has undergone only minor enhancements over the last 20 years. Acting as a fiscal intermediary, DHS/ITSD is responsible for application maintenance, daily system operation, batch program execution, and key-data entry of suspended claim Error Correction Reports (ECR). In June 2004, this system began Phase II of its HIPAA remediation including changes to accommodate adjustments to paid claims, completion of a fully compliant 835 and addition of the 267/277 claims inquiry and response transactions. ***County Project Lead:*** Memo Keswick ***Project Resources:*** Sesha Kavuri, Rafael Estrada

SYSTEM	SYSTEM DESCRIPTION

Void and Replace	The Void and Replace project has the following primary objectives:
	
	▪ Allow counties to correct previously denied claims using an electronic claim transaction (HIPAA 837 P/I)
	   o Preserve the original claim submission date
	   o Eliminate the ECR paper
	   o Eliminate the denied claim correction suspense process
	   o Eliminate the e-ECR/ECF correction process
	   o Improve county cash flow while reducing county and state staff time costs
	▪ Allow counties to void and replace approved claims (disallow or adjust Medi-Cal units) using an electronic claim transaction (HIPAA 837 P/I)
	   o Preserve the original claim submission date
	   o Eliminate the Disallow Claim System (DCS)
	   o Reduce county staff time costs
	▪ Establish a statewide, permanent unique claim ID to eliminate duplicate claims and allow historical claim lookups.
	▪ Enable SD/MC compliance with the HIPAA National Provider Identifier Rule (May 23, 2007 compliance date)
	▪ Prepare counties for new the claim transaction process ahead of the DHS SD/MC Phase II implementation (June 2008) for a more seamless system migration.
	▪ Provide a claiming system that is more accurate and timely that will improve reporting to various DMH and DHS units including program, audits, cost reporting, and accounting.
	
	Project Lead: Rafael Estrada
	
	Project Resources: Melissa Crowley

Medicare Part-D	On January 1, 2006, the new federal Medicare Prescription Drug Program, Part D, went into effect and significantly changed the way beneficiaries receiving Medicaid and Medicare services receive their prescription drugs. These beneficiaries (e.g. Medi-Medi) no longer receive their medication support through Medicaid, but rather through privatized prescription drug plans, which contract with the federal Center for Medicare and Medicaid Services (CMS). Each of these privatized prescription drug plans has its own drug formulary, which differs in varying degrees from plan to plan. As a result, many medications that mental health consumers currently take may not be covered by plans in which they were auto-enrolled prior to the launch of the program on January 1, 2006. Consequently, many consumers, with the assistance of their mental health case managers, have had to select a different plan to ensure that their medications are covered. This process is going to continue throughout the life of the Part D program unless significant changes are made in the law or regulations governing the Part D program. County mental health plans MUST have access to the plan enrollment information to verify consumer

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	plan information for the purposes of cross referencing the medication coverage/limitations of a particular plan with the medication needs of the consumer. As medication needs change, so too may the need for consumers to change plans. As part of the Medicare Part D project, DMH IT has been requested to complete the following: 1. One-time data upload of the Medi-Medi client enrollment data into Part D plans through the MMEF, effective May 31, 2006. 2. One-time data upload of the Medicare only client enrollment data into Part D plans through the MMEF, effective May 31, 2006. 3. Continuous monthly data upload of the Medi-Medi and Medicare only client enrollment data into Part D plans through the MMEF. 4. Low-income subsidy (LIS) information would be helpful to include if at all possible as both a one-time data upload and a continuous monthly upload through the MMEF. *Project Lead:* Rafael Estrada *Project Resource:* Patricia Preciado, Bhavdeep Sachdev, Wade Malanchuk

Mental Health Services Act

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, has provided the first opportunity in many years for the Department of Mental Health (DMH) to provide increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for recovery of mental health services consumers. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. To this end, the MHSA unit has been established with DMH-IT.

The following is a summary of the systems being developed within the MHSA Unit:

SYSTEM	SYSTEM DESCRIPTION

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Data Collection and Reporting (DCR)	As part of a recently enacted law, the MHSA Unit has identified the need to collect a significant amount of performance outcome data to support the Community Services and Support (CSS) component of the MHSA strategy. This system, in the process of being developed, provides both on-line and XML methods for collecting performance outcomes from the 58 California Counties Mental Health care providers regarding the consumers of MHSA Full Service Partnerships. The providers can enter information directly utilizing the DMH Information Technology Web Services (ITWS) or transmit the information via XML documents to be posted to the DCR system. **Project Lead:** Christine Walker **Project Resources:** Thong Pham, Vish Palinisamy, Glen Hausler

Health Information Exchange (HIE) and Electronic Health Records (EHR)	The MHSA Unit is currently defining standards for HIE and EHRs within the State of California for Mental Health care and services. The DMH will issue two Requests for Information (RFI) in October of 2006 with standards and requirements for a central agent to address information request traffic and for EHR systems to reside at the counties and interface with the central agent and other counties.
	
	This specific effort includes the following tasks:
	
	1. Review, analyze, and compile requirements for EHR systems derived by other States, Federal entities and standard-setting organizations.
	
	2. Work with designated stakeholders, including mental health care consumers and family members to define the minimum California requirements for PHR systems for the 58 county mental health programs. These minimum requirements will undergo regular reviews and updates to ensure that the minimum needs continue to be met as technical and business processes continue to evolve.
	
	3. Development of two RFIs to be issued to the 300+ EHR vendor community
	
	4. On-going assessment of vendor responses to the RFIs based on:
	
	   o Meeting minimum standards and requirements defined by California
	   o Reference checks
	   o Demonstrated functionality
	   o Application flexibility
	   o System interoperability
	   o User experience
	   o Ease of customization/maintenance
	   o Financial viability of the vendor
	
	The assessment will be done in order to identify those vendors that best meet the needs of California's 58 county mental health programs and California's mental health care consumers

SYSTEM	SYSTEM DESCRIPTION
	5. On-going review, response, and approval of the 58 county IT funding requests. This includes working with the 58 counties during the review period to ensure that the IT funding request meets the county's needs for the transformation of their mental health care IT systems. This will also require the further review of 58 county IT implementation status reports, which will include updates on schedules, milestones, budgets (planned and actual), and risks. All 58 county mental health programs will submit these status reports quarterly. 6. The DMH needs to translate all of the requirements, business rules, and best practices into a set of functional specifications that will become a part of the statewide long-term technology plan for the phased transformation of mental health care IT systems within the state of California. These functional specifications must be periodically reviewed and maintained based on updates from the maturing state, national, and industry standards. The team is also participating in the California Government Health Information Technology (CGHIT) workgroup to identify and leverage current HIE and HIT efforts statewide and to define standards and requirements for privacy, confidentiality, and security of consumers' health information. ***Project Resources:*** Gary Renslo, Rebecca Skarr, Stephanie Oprendek, Sheila Kerr, and Mark Anderson